

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

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## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City, Mo. (No.       )St. Joseph's HospitalFile No.       Registered No. 227Ward       2. FULL NAME Cowan, Emmett John Jr.(a) Residence, No. 3904 BroadwaySt. 7Ward.       

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

Wh

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept. 3, 1931

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

40417

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas CityMissouri

## FATHER

13. NAME Emmett John Cowan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas City, Kas.

## MOTHER

15. MAIDEN NAME Theresa Kornfeld

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas City, Kas.

## 17. INFORMANT (ADDRESS)

E. J. Cowan  
3904 Broadway

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount Hope Cem.DATE 1-21-32

## 19. UNDERTAKER (ADDRESS)

R. V. Lindsey & Sons3811 Broadway

## 20. FILED

Jan 20, 1932  
W. M. Brown  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 20, 1932

## 22. I HEREBY CERTIFY, That I attended deceased from

1/8, 1932, to 1/20, 1932I last saw him alive on 1/20, 1932 Death is saidto have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?        Date of injury       , 19      Where did injury occur?        (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ①Nature of injury       

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Brown

M. D.

(Address) 325 W. 1st St.

1. *Bar. Bar.*  
2. *Bar. Bar.*